

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		3-21-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	5-708	5-22-01
RESPONSE FORMALITY REVIEW	8/12 B2	85? 897	11-29-01 03-28-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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80/130
 80/129